NEW LONDON	54961	Phone: (920) 982-	5354
Operated from	1/1 To 12/31	Days of Operati	i on: 366
Operate in Conj			No
Number of Beds	Set Up and Sta	affed (12/31/00):	: 107
Total Licensed	Bed Capacity	(12/31/00):	107
Number of Dogie	lanta on 19/91	/00.	101

Ownershi p:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Non-Profit Skilled	Church	Related
Yes		
Yes		
103		

Number of Residents on 12/31/00:	****	107 Avera 101 **********************************	******	*************	*******	*********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/	00) %
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	Yes Yes No No No No No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 13. 9 1. 0 1. 0 2. 0 5. 9 24. 8 11. 9 10. 9 5. 9 21. 8	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	3. 0 5. 9 33. 7 49. 5 7. 9 	Less Than 1 Year 1 - 4 Years More Than 4 Years  *******************  Full-Time Equival Nursing Staff per 100 (12/31/00)  RNs LPNs Nursing Assistants Aides & Orderlies	30. 7 49. 5 19. 8 

## Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 3	\$119. 18	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 0%
Skilled Care	2	100.0	\$147.00	73	94.8	\$101.89	0	0.0	\$0.00	22	100.0	\$132.00	0	0.0	\$0.00	97	96. 0%
Intermedi ate				3	3. 9	\$84. 60	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	3.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		77	100. 0		0	0.0		22	100.0		0	0.0		101	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti or	ns, Services,	and Activities as of 1	2/31/00
beachs builing Reporting Terrou				% 1	leedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	7. 1	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 9	Bathi ng (	14.9		65. 3	19.8	101
Other Nursing Homes	4. 7	Dressi ng	28. 7		64. 4	6. 9	101
Acute Care Hospitals	76. 5	Transferring	32. 7		55. 4	11. 9	101
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 7		52. 5	14. 9	101
Reĥabilitation Hospitals	0. 0	Eating	78. 2		20. 8	1. 0	101
Other Locations	5. 9	****************	**********	*****	********	*************	*****
Total Number of Admissions	85	Conti nence			Special Treat		%
Percent Discharges To:		Indwelling Or Extern		7. 9		Respiratory Care	27. 7
Private Home/No Home Health	29. 9	Occ/Freq. Incontinen	it of Bladder	47. 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	14. 9	Occ/Freq. Incontinen	nt of Bowel	26. 7	Recei vi ng S	Sucti oni ng	1. 0
Other Nursing Homes	2. 3	_			Recei vi ng (	Ostomy Care	1. 0
Acute Care Hospitals	2. 3	Mobility			Recei vi ng	Tube Feeding	1. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	ed	7. 9	Recei vi ng 1	Mechanically Altered Die	ts 31.7
Reĥabilitation Hospitals	0. 0					•	
Other Locations	6. 9	Skin Care		(	Other Resi dei	nt Characteristics	
Deaths	43. 7	With Pressure Sores		4. 0		ce Directives	91. 1
Total Number of Discharges		With Rashes		15. 8 I	Medi cati ons		
(Including Deaths)	87				Receiving 1	Psychoactive Drugs	53. 5
********************	*****	****************	***********	******	***********	****************	*****

		Ownershi p:		Bed	Bed Size:		Li censure:		
	Thi s	is Nonprofit		100-	100- 199		Skilled		
	Facility	ity Peer Group		Peer	Peer Group		Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 3	92.8	1.04	86. 4	1. 11	87. 0	1. 11	84. 5	1. 14
Current Residents from In-County	63. 4	73. 6	0.86	79. 8	0. 79	69. 3	0. 91	77. 5	0.82
Admissions from In-County, Still Residing	25. 9	26. 8	0. 97	23. 8	1.09	22. 3	1. 16	21. 5	1. 20
Admissions/Average Daily Census	82. 5	86. 5	0. 95	109. 7	0. 75	104. 1	0. 79	124. 3	0. 66
Discharges/Average Daily Census	84. 5	83. 8	1. 01	112. 2	0. 75	105. 4	0.80	126. 1	0.67
Discharges To Private Residence/Average Daily Census	37. 9	28. 3	1.34	40. 9	0. 93	37. 2	1. 02	49. 9	0. 76
Residents Receiving Skilled Care	97. 0	89. 0	1. 09	90. 3	1.07	87. 6	1. 11	83. 3	1. 16
Residents Aged 65 and Older	97. 0	97. 3	1.00	93. 9	1.03	93. 4	1.04	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	76. 2	67. 3	1. 13	68. 7	1. 11	70. 7	1.08	69. 0	1. 11
Private Pay Funded Residents	21.8	27. 1	0.80	23. 2	0. 94	22. 1	0. 98	22. 6	0. 96
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	14. 9	32.8	0.45	37. 6	0.40	37. 4	0.40	33. 3	0.45
General Medical Service Residents	21.8	22. 4	0. 97	22. 2	0. 98	21. 1	1.03	18. 4	1. 18
Impaired ADL (Mean)	37. 0	49. 0	0. 76	49. 5	0. 75	47. 0	0. 79	49. 4	0. 75
Psychological Problems	53. 5	46. 3	1. 15	47. 0	1. 14	49. 6	1.08	50. 1	1.07
Nursing Care Required (Mean)	10. 3	7. 6	1. 35	7. 2	1.42	7. 0	1.46	7. 2	1.44